

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	0			1		
5	0			1		
6	0			1		
7	0			1		
8	0			1		
9	0			1		
10	0			1		
11	0			1		
12	0			1		
13	0			1		
14	0			1		
15	0			1		
16	0			1		
17	0			1		
18	1		1			
19		1		1		
20	2			1		
21	0			1		
22	0			1		
23	0			1		
24	0			1		
25				1		
26				1		
27				1		
28				1		
29				1		
30	0			1		
31	0			1		
32	0			1		
33	0			1		
34	0			1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			2	2		
TOTAL DEP.			32	40		
TOTAL CLAIMS		34		42		

•	•	•	•
IND.	DEP.	IND.	DEP.
51			1
52			1
53			1
54			1
55			1
56			1
57			1
58			1
59			1
60			1
61			1
62			1
63			1
64			1
65			1
66			1
67			1
68			1
69			1
70			1
71			1
72			1
73			1
74			1
75			1
76			1
77			1
78			1
79			1
80			1
81			1
82			1
83			1
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			